

REQUEST FOR TRANSCRIPT

REGISTRAR:

PLEASE ATTACH THIS COMPLETED FORM TO THE TRANSCRIPT TO BE MAILED TO SOUTH CAROLINA DEPARTMENT OF EDUCATION. PLEASE DESIGNATE GRADUATE CREDIT BY "GR" AND INDICATE THE LEVEL OF DIRECTED TEACHING.

Name of
Institution _____

Address _____

****Please Print****

Please send to the: Office of Teacher Certification
State Department of Education
Landmark II Office Building
3700 Forest Drive, Suite 500,
Columbia, South Carolina 29204

I attended your institution from _____ to _____ and received the _____ degree.

I have () summer school credits for the years _____, _____, _____, _____, _____
() extension or correspondence credits for the years _____, _____, _____, _____, _____
() regular session credits above degree for the years _____, _____, _____, _____, _____

Personal information
is protected by the
Confidentiality Policy
contained within the
S.C. Freedom of
Information Act.

Current Name _____
(Please Print)

Maiden Name _____
(if married)

Address _____

Date of Birth _____

Social Security No. _____

1. Have you ever held a South Carolina teacher's
certificate? _____

2. If so, please give certificate number. _____

3. If not, have you applied for a certificate? _____

Signature _____
